

Application Number	Filing Date
Applicant(s)	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1						
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49						
50						
Total Indep.	5					
Total Depend.	10					
Total Claims	15					

\* May be used for additional claims or amendments

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	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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100						
Total Indep.						
Total Depend.						
Total Claims						